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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	September 21, 2005
First Named Inventor	Per-Ola VALLEBRANT
Title	Arrangement For Controlling A Hydra
Art Unit	
Examiner Name	
Attorney Docket Number	2802-521-004 US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24045

OR

☒ Practitioner(s) named below:

Name	Registration Number
Daniel J. Whitman	43,987

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

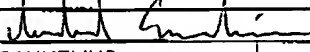
<input checked="" type="checkbox"/> Firm or Individual Name	Daniel J. Whitman				
Address	6035 Parkland Blvd.				
City	Cleveland	State	OH	Zip	44124-4141
Country	U.S.A.				
Telephone	216-896-2049	Email	dwhitman@parker.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature		Date	9.2.9. 2005
Name	Mikael SANNELIUS	Telephone	+46855350605
Title and Company	PARKER-HANNIFIN AB		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of TWO forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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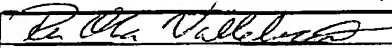
<input checked="" type="checkbox"/> Firm or Individual Name	Daniel J. Whitman				
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## SIGNATURE of Applicant or Assignee of Record

Signature		Date	14 SEP 2005
Name	Per-Ola VALLEBRANT	Telephone	+4682032464
Title and Company	PARKER-HANNIFIN AB		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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